

# TRANSMITTAL FORM

Application Serial Number	10/566,263
Filing Date	September 28, 2006
First Named Inventor	Jeffrey W. Ruberti
Group Art Unit	3775
Examiner Name	Christopher J. Beccia
Attorney Docket No.	20780-0016
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Change Of Correspondence Address  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Issue Fee Transmittal Form PTOL-85  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)  <input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Respectfully submitted,  
  
Jennifer A. Camacho, Reg. No. 43,526/  
 Jennifer A. Camacho  
 Attorney for the Applicant(s)  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600

Date: May 13, 2010  
 Reg. No.: 43,526  
 Tel. No.: (617) 526-9841  
 Fax No.: (617) 526-9899